SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 4. The issue and acceptance of this is form by instrained companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT Date of Submission 14/02/2023 11:26 (SGT) Reported by Date of Accident 13/02/2023 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information AYE AYER RAJAH EXPRESSWAY Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number YP6430Y INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner SEOW KHIM POLYTHELENE CO PTE LTD Company Reg No 1XXXXX593E **Email Address** alice@skp.com.sg Mobile Phone No (Phone) +65-97750946 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 7545

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Policy Number / Cover Note Number DHOM110156721705

DRIVER

Name of Driver LING JIH DA Passport No/FIN GXXXX720P Date Of Birth 18/03/1986 Occupation Outdoor

Date Of Driving Pass 18/09/2013 Driving experience 9 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97750946 Alt. Phone Number Email Address alice@skp.com.sg Address 28 LOYANG DRIVE Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **FOREIGN VEHICLE 1** Vehicle Registration Number JRF5026 Vehicle Category Motorcycle **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230213/2043 ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number	JRF5026
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	UNKNOWN
Gender	Female

	*			1,532
Describe Circumst	ance of the Accident			
Refer	to Polia	Seport 0213/2043		
	- 71200	12/2012		
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Declaration				
VWe declare th	ne foregoing particulars are true	in every respect.		
1	Carried States	10		Λ
Jely	(My		gull 14/2/2
Policyholder's S	ilgnature / Date & Time Orivo	er's Signature (if driver is not the	policyholder) / Date With (Nan	essed by Reporting Centre Personnel ne as in (IRIC/ID cerd)
	6.11	-	4150	V





T/20230213/2043

Report No. T/20230213/2043

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver						And the Assembly State of
Name	LING JIH DA			ID No		G8096720P
Related Vehicle	YP6430Y (Lorry)			Conta	ct No.	97750946
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3,4 Date of Expiry: 28/07/2024
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

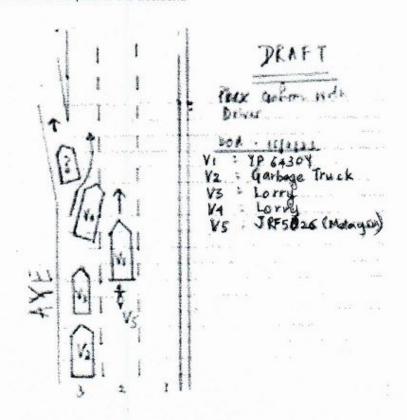
Brief Details.

On 13/2/2023, around 0950hrs, I was travelling along AYE in V1) YP6430Y. The traffic was heavy. Subsequently, while changing lanes, heavy traffic caused me to apply emergency brakes and a Malaysian motorcycle collided into the rear of V1. I stopped V1 to render assistance. Police and ambulance attended to all involved parties. I am lodging this report as instructed by Traffic Police. I have a cctv footage of the incident and I am able to provide it.

On 13/2/2023 around 09:50 hrs, I was travelling along AYE (Ayer Rajah Expressway) in my vehicle V1 (YP6430Y). The traffic was heavy. Initially, I was travelling in lane 1 behind V2 (Garbage Truck). I have no problem filtering to lane 2 and continue travelling on lane 2 passing V2 and V3 when suddenly a truck in front of V3 swing out of the lane. I reacted by immediately applying my brakes. I know learnt that at that moment, a Malaysian motorcycle had collided onto my rear. But I was not aware of it at that moment and continued to travel on my lane since V4 has moved back to lane 1 and continue travelling on lane 1. While I continued to travel on lane 2 and it is only after a travelling a short distance, I was alerted by another lorry driver of the accident. I immediately returned to the accident site to render assistance. Later the Police and ambulance arrived and attended to all involved parties.

Please refer to CCTV recording (front & rear).

Revised Sketch plan of the accident:





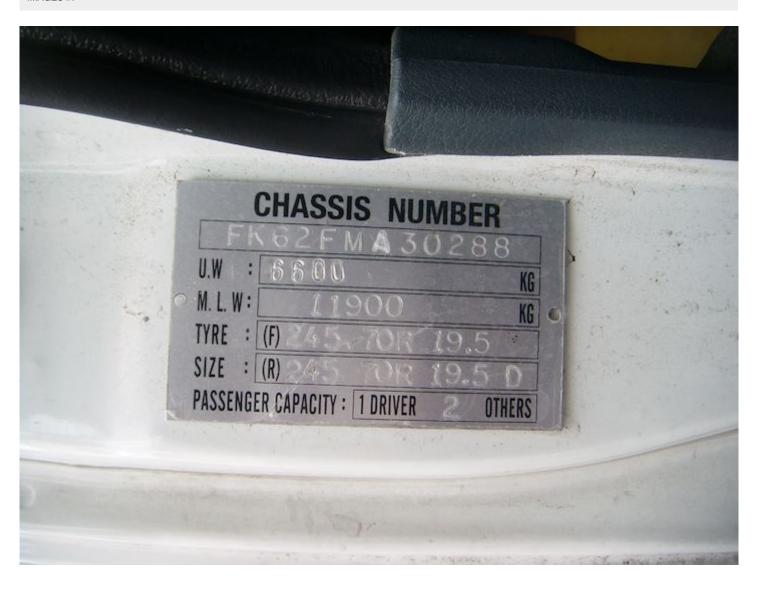
















Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20230213/2043

1 of 3

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 123 12:53	fade:	Vide Report No.: J/20230213/0038	Station Diary No.: 60
Informa	nt's Partice	ulars		
Name of LING JII	Informant: IDA		Address:	
	/ ID No.: / G8096720)P	Contact No.: Home/Office:	Mobile: 97750946
National MALAYS			Email:	
Sex: Male	Age: 36	Date of Birth: 18/03/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Lorry dri			Driving Licence Information Class: 2B,3,4	n: Date of Expiry: 28/07/2024

Jeneral Inton	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2023 09:50	Type of Location Straight Road
	H EXPRESSWAY	Dood Surface:		Dood Spood Limit
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	ion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
YP6430Y	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20230213/2043

2 of 3

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver						
Name	LING JIH DA			ID No		G8096720P
Related Vehicle	YP6430Y (Lorry)			Conta	ct No.	97750946
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 2B,3,4 Date of Expiry: 28/07/2024
Date Treatment	NIL		Date Disc	charge	NIL	1-2
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On 13/2/2023, around 0950hrs, I was travelling along AYE in V1) YP6430Y. The traffic was heavy. Subsequently, while changing lanes, heavy traffic caused me to apply emergency brakes and a Malaysian motorcycle collided into the rear of V1. I stopped V1 to render assistance. Police and ambulance attended to all involved parties. I am lodging this report as instructed by Traffic Police. I have a cctv footage of the incident and I am able to provide it.





T/20230213/2043

Report No. T/20230213/2043

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / STAFF SGT MUHAMMAD ZHARIF BIN ZAINUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2023 12:53
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

NP168



	ADDENDUM	1	
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN 09 23 2 6 0003	Jehicle Registration No:	YP6430Y
	Name (as shown in NRIC): Ling Jih Pa	NRIC/FIN/Passport No:	G8096720P
	(*Vehicle Driver/Pelicyholder) (*) Please delete as approp	oriate	
	Address: 28 Loyang Drive, Skep Ind. Blo	ų.	Singapore (5089)
	Contact (Tel): 65.45 28.28	Mobile No.:	
	Email Address: alterstp. com.sq		
	Date of Accident: (3/02/>07)	Time of Accident:	0.30 am
	Place of Accident: ATE AYER Rajah Expre	usway	
	Insurance Company: <u>UOI</u>	5	
B)	ADDITIONAL INFORMATION / AMENDMENTS:		*
В)	I have made a report on the above-mentioned accident as make the following amendments: pls refer to attached Amendment	4	
В)	I have made a report on the above-mentioned accident armake the following amendments:	4	
В)	I have made a report on the above-mentioned accident as make the following amendments: pls refer to attached Amendment - CCTV Recording only have front	4	
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В)	I have made a report on the above-mentioned accident armake the following amendments: pls refer to attached Amendment - CCTV Recording only have front - Amend sketch plan.	t recording	
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(B)	I have made a report on the above-mentioned accident armake the following amendments: pls refer to attached Amendment - CCTV Recording only have front - Amend sketch plan.	t recording	
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